Statement of Organization					Date Stamp CALIFORNIA 11				
Recipient Con Statement Type	☐ Initial  Not yet qualified ☐ or  Date qualified as committee	Amendment List I.D. number:  # 1391309  O9 30 2016  Date qualified as committee (If applicable)	#	rmination	City Clerk's oct 17 RECE	2016 V		For Official Use Only	
1. Committee I  NAME OF COMMITTEE  Milpitas Resid	nformation ents for Fair Garbage	Rates, No on L		. Treasurer and O NAME OF TREASURER Armando Gome STREET ADDRESS (NO P.O. BOX 1487 Yosemite	ez )				
STREET ADDRESS (NO P.	•			CITY		STATE	ZIP CODE	AREA CODE/PHONE	
1487 Yosemite				Milpitas		CA	95035	(408)942-1110	
CITY Milpitas MAILING ADDRESS (IF E	STATE CA 95 SIFFERENT)	ZIP CODE AREA CODE/ 5035 (408)942		STREET ADDRESS (NO P.O. BOX		rd 11-1-4-1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
FAX / E-MAIL ADDRESS 408-942-1110	/armandogomezjr@gi	nail.com	and the same of th	CITY	-4	STATE	ZIP CODE	AREA CO DE/PHONE	
COUNTY OF DOMICILE	JURISDICTION WH	ERE COMMITTEE IS ACTIVE	<u></u>	NAME OF PRINCIPAL OFFICER	(S)	***************************************			
Santa Clara City of Milpitas				Pete McHugh STREET ADDRESS (NO P.O. BOX)					
				654 Los Pinos		·····			
Attach additiona	l information on appropriate	ly labeled continuation shee	ts.	Milpitas		STATE CA	21P CODE 95035	AREA CODE/PHONE (408)263-8504	
penalty of perj Executed on 10	reasonable diligence in prepoury under the laws of the State 0/07/2016 By DATE By DATE By DATE By DATE	ete of California that the fore	SIGNATURE OF CONTROLLING OF	knowledge the inform nd correct.  F TREASURER OR ASSISTANT TREA PREHIOLDER, CANDIDATE, OR STA	NSURER NYE MEASURE PROPONENT NYE MEASURE PROPONENT	rein is t	rue and comp	lete. I certify under	

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

# Continuation Sheet - Principal Officers

Armando Gomez 1487 Yosemite Dr. Milpitas, CA 95035 (408) 942-1110 Dinah Dacollos 133 N. Temple Dr. #110 Milpitas, CA 95035 (408) 625-0493

Martha Browne 1499 Mt. Diablo Dr. Milpitas, CA 95035 (408) 473-5491

Statement of Organization Recipient Committee Instructions on REVERSE						IFORNIA 4	10
Milipitas Residents for Fair Garbage Rates, No on L						391029	
<ul> <li>All committees must list the financial institution where the campaign bank</li> </ul>	k account	is located.					
NAME OF FINANCIALINSTITUTION	AREA COD	E/PHONE	) - ·,··	The second secon			
Bank of America	(408)	277-7980					
ADDRESS	CITY	······································	· STATE	ZIP CODE	····		<del>,</del>
99 S. Fourth St.	San	lose	CA	95112			
<ul> <li>district number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or candidate is a</li> <li>If this committee acts jointly with another controlled committee, list</li> </ul>			umber of the othe	r controlled committe		PARTY	
						Nonpartisan	***************************************
	<del>yoroz</del>	operations with a management of the common and the				Nonpartisan	Paramatan da
Primarily Formed Committee Primarily formed to support or opport of Candidate(s) NAME OR MEASURE(s) FULL TITLE (INCLUDE BALLOT NO. OR LETTER		CANDIDATE(S	) OFFICE SOUGHT OR HE	ection. List below: LD OR MEASURE(S) JURISDIC R COUNTY, AS APPLICABLE)	CTION	CHECK	ONE
Measure L		Milpitas, Santa C	lara County, (	CA		5UPPORT	OPPOSE

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## **Statement of Organization Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM

	•	Page 3		
'Milpftas Residents for Fair Garbage Rates, No on L		6 1391029		
4. Type of Committee (Continued)				
General Purpose Committee  Not formed to support or oppose specific c  CITY Committee  COUNTY Commit	candidates or measures in a single election. Check only one box: ittee STATE Committee			
PROVIDE BRIEF DESCRIPTION OF ACTIVITY				
Sponsored Committee List additional sponsors on an attachment.				
NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
STREET ADDRESS NO. AND STREEY CITY	STATE ZIP CODE	**************************************		
Small Contributor Committee				
<ul> <li>Termination Requirements By signing the verification, the treasurer, assist</li> <li>This committee has ceased to receive contributions and make expenditu</li> </ul>	tant treasurer and/or candidate, officeholder, or proponent certify that all of the fo ures;	liowing conditions have been met:		

- · This committee does not anticipate receiving contributions or making expenditures in the future;
- · This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Statement of ( Recipient Con Statement Type	- ,	Date qualified as committee	Terminati	on – See Part 5 : Hand	EVED AND THE Secretary of the State of California SEP 29 2016	of State		ORNIA 410 FOR STILLS POLICE  5 2016
1. Committee l	nformation	grational amphasts motoring	2	Treasurer and	Other Principal O	fficers	37. 20克克斯·克	
NAME OF COMMITTEE Milpitas Reside	ents for Fair Garbage	Rates, No on L		Armando Gor	ne7			
•	_			STREET ADDRESS (NO P.O. B				
,				1487 Yosemi	te Dr.			
STREET ADDRESS (NO P.		4	<del>//a-/</del>	CITY		STATE	ZIP CODE	AREA CODE/PHONE
1487 Yosemite				Milpitas NAME OF ASSISTANT TREAS	runch to ANV	CA	95035	(408)942-1110
CITY	state CA 95	zip code Area code 5035 (408)94		NAME OF ASSISTANT TREAS	SUKER, IP AN I			
Milpitas  MAILING ADDRESS (IF D		)U35 (4U6)94	2-1110	STREET ADDRESS (NO P.O. E	BOX)	<del></del>		
MINICING ADDRESS (IF D	MLLEUCH11							
FAX/E-MAIL ADDRESS 408-942-1110	/armandogomezjr@gr	nail.com		СПУ		STATE	ZIP CODE	area code/phone
COUNTY OF DOMICILE	JURISPICTION WH	ERE COMMITTEE IS ACTIVE	···	NAME OF PRINCIPAL OFFIC				
Santa Clara	City of Mi	lpitas		Pete McHugh				
				STREET ADDRESS (NO P.O. I	•			
				654 Los Pino	SAVE	STATE	ZłP COĐE	AREA CODE/PHONE
Attach additional information on appropriately labeled continuation sheets.				Milpitas		CA	95035	(408)263-8504
Executed on 09	reasonable diligence in prepare ury under the laws of the State 2/28/2016  DATE PARE PARE PARE PARE PARE PARE PARE PAR	ate of California that the for	SIGNATURE OF SIGNATURE OF CONTRACTING OF	Knowledge the info nd correct.  TREASURER OR ASSISTANT TO EKCEHOLDER, CANDIDATE, OR EKCEHOLDER, CANDIDATE, OR	REASURER STATE MEASURE PROPONENT STATE MEASURE PROPONENT	rein is t	ue and comp	lete. I certify under
	DATE	SIGNATI	URE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, OR	STATE MEASURE PROPONENT			FPPC Form 410 (Jan/2016)

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### CALIFORNIA **Statement of Organization** FORM **Recipient Committee** INSTRUCTIONS ON REVERSE Page 2 D. NUMBER Milpitas Residents for Fair Garbage Rates, No on L All committees must list the financial institution where the campaign bank account is located. BANK ACCOUNT NUMBER AREA CODE/PHONE NAME OF FINANCIAL INSTITUTION Pending ZIP CODE ADDRESS 4. Type of Committee Complete the applicable sections. Controlled Committee • List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election. • List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." • If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee. ELECTIVE OFFICE SOUGHT OR HELD YEAR OF ELECTION PARTY NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IF APPLICABLE) Nonpartisan ■ Nonpartisan Primarily formed to support or oppose specific candidates or measures in a single election. List below: Primarily Formed Committee CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) SUPPORT OPPOSE

Measure L

Milpitas, Santa Clara County, CA

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SUPPORT

### **Statement of Organization Recipient Committee**

NSTRUCTIONS ON REVERSE			
NAME OF THE PERSON OF THE PERS	Page 3		
Milipitas Residents for Fair Garbage Rates, No on L	I.D. NUMBER		
k Type of Committee (Continued)			
General Purpose Committee  Not formed to support or oppose specific candidates or measures in a single election. Check only one box.  CITY Committee COUNTY Committee STATE Committee	:		
ROVIDE BRIEF DESCRIPTION OF ACTIVITY			
Sponsored Committee List additional sponsors on an attachment.			
AME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
YREET ADDRESS NO. AND STREET CITY STATE ZIP CODE			
Small Contributor Committee			

- 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met.
  - · This committee has ceased to receive contributions and make expenditures;
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